

HARVARD MEDICAL ALUMNI BULLETIN



HARVARD UNIVERSITY
SCHOOLS OF MEDICINE AND PUBLIC HEALTH
LIBRARY

1. M6h.1291.1

OCT 31 1941

MEDICINE BELOW THE BURMA ROAD

BASE HOSPITAL NO. 5

As an Adjunct in the Treatment of ALCOHOLISM

ONE of the newest and most interesting uses for which Benzedrine Sulfate has been accepted by the Council on Pharmacy and Chemistry of the A. M. A. is as an adjunct in the treatment of chronic alcoholism and also in alcoholic psychoses, although best results are reported in states of intoxication in which no psychosis is demonstrable. The articles listed below represent the most comprehensive work which has been done to date in this field.

Reifenstein, E. C. Jr. and Davidoff, E.: The Treatment of Alcoholic Psychoses with Benzedrine Sulfate—J. A. M. A., 110:1811, 1938.

Reifenstein, E. C. Jr. and Davidoff, E.: The Use of Amphetamine (Benzedrine) Sulfate in Alcoholism With and Without Psychosis—N. Y. State Med. J., 40:247, 1940.

Bloomberg, W.: Treatment of Chronic Alcoholism with Amphetamine (Benzedrine) Sulfate—New Eng. J. of Med., 220:129, 1939.¹

¹*Since this report, Bloomberg has enlarged his series to 60 cases which he reported on Dec. 28, 1940, at the annual meeting of the American Association for the Advancement of Science in Philadelphia. His results in this larger series were substantially the same as those in his original report.*

ADMINISTRATION

Initial dosage should be small (2.5



to 5 mg.) and should be increased progressively until the desired effect is obtained.

IN CHRONIC ALCOHOLISM

the normal dosage used by Bloomberg was 20 mg. daily, one-half of the dose on rising and the other half at noon, but this was often adjusted to meet the requirements of the individual patient.

IN ALCOHOLIC PSYCHOSES

the normal dosage used by Davidoff and Reifenstein in institutionalized patients was 20 to 30 mg. orally or intravenously* in a single dose.

IMPORTANT! In prescribing Benzedrine Sulfate Tablets, please be sure to specify the tablet-size desired—either 5 mg. or 10 mg.

*Physicians wishing to use Benzedrine Sulfate Ampules may obtain them on direct order from us.

Benzedrine Sulfate Tablets



Brand of amphetamine sulfate

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.



IT DOES HAPPEN HERE

Severe rickets still occurs — even in sunny climates

Vitamin D has become such an accepted practice in infant feeding that it is easy to think that rickets has been eradicated. However, even deforming rickets is still seen, as witness the above three contemporary cases from three different sections of the United States, two of them having well above the average annual sunshine hours for the country. In no case had any antiricketic been given during the first two years of life. *It is apparent that sunlight did not prevent rickets.* In other cases of rickets, cod liver oil was given inadequately (drop dosage) and even this was continued only during the winter months.

To combat rickets simply, inexpensively, effectively —

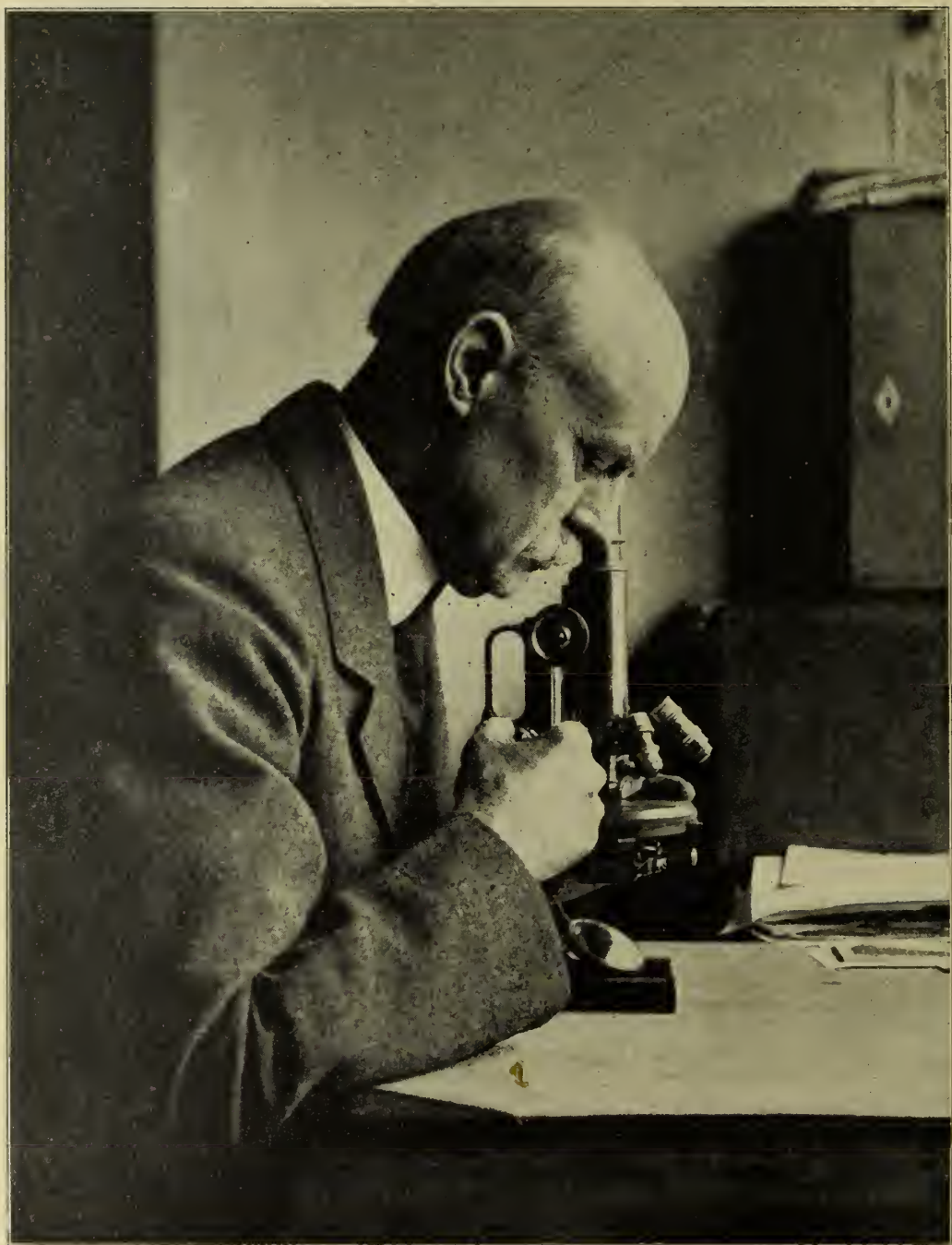
OLEUM PERCOMORPHUM

This highly potent source of natural vitamins A and D, if administered regularly from the first weeks of life, will not only prevent such visible stigmata of rickets as pictured above, but also many other less apparent skeletal defects that might interfere with good health. What parent would not gladly pay for this protection! And yet the average prophylactic dose of Oleum Percomorphum costs less than one cent a day. Moreover, since the dosage of this product is measured in drops, it is easy to administer Oleum Percomorphum and babies take it willingly. Thus there is assurance that vitamin D will be administered *regularly*.

Oleum Percomorphum offers not less than 60,000 vitamin A units and 8,500 vitamin D units (U.S.P.) per gram. Supplied in 10 and 50 c.c. brown bottles, also in 10-drop soluble gelatin capsules, each offering not less than 13,300 vitamin A units and 1,850 vitamin D units, in boxes of 25 and 100.

FOR GREATER ECONOMY. the 50 c.c. size of Oleum Percomorphum is now supplied with Mead's patented Vacap-Dropper. It keeps out dust, is spill-proof, unbreakable, and delivers a uniform drop. The 10 c.c. size of Oleum Percomorphum is still offered with the regulation type dropper.

MEAD JOHNSON & COMPANY, Evansville, Indiana, U.S.A.



FRANK BURR MALLORY

Frank Burr Mallory, '90

FREDERIC PARKER, JR., '16

Frank Burr Mallory, A.B. 1886, A.M., M.D., 1890, died September 27 at the age of 78. At the time of his death, he was Emeritus Professor of Pathology at the School and Consulting Pathologist to the Boston City Hospital. Dr. Mallory became connected with the School the year of his graduation, was made assistant professor of pathology in 1896, associate professor in 1901 and professor in 1928. In 1891 he became a member of the staff of the pathological laboratory of the Boston City Hospital. He was appointed pathologist in 1908 and served in this capacity until his retirement at the age of 70 in 1932.

Dr. Mallory received the honorary degree of Sc.D. in 1928 from Tufts College and a similar degree from Boston University in 1932. He was awarded the Kober medal by the Association of American Physicians in 1935 for outstanding service in pathology. He was the third recipient of the gold-headed cane presented by Dr. Harold C. Ernst to the American Association of Pathologists and Bacteriologists to be awarded for special merit. The two previous recipients were Dr. William H. Welch and Dr. Theobald Smith.

Dr. Mallory was a past president of the American Association of Pathologists and Bacteriologists. He served as treasurer of this organization from 1911 to 1940. In 1923 he became Editor-in-chief of the *Journal of Medical Research* and when the name of that journal was changed in 1925 to the *American Journal of Pathology*, he served in the same capacity until 1940.

The first edition of his "Pathological Technique," written in collaboration with J. Homer Wright, was published in 1897. This went through eight editions. A final

revision appeared in 1938. His "Principles of Pathologic Histology" appeared in 1914.

Dr. Mallory was the author of numerous scientific papers, the first appearing in 1892 and the last in 1939. Among his most important contributions were his studies on cirrhosis of the liver, the classification of tumors, technical methods and the pathology of certain infectious diseases. Dr. Mallory's papers were characterized by brevity, clarity of expression and the high quality of the illustrations.

One of Dr. Mallory's outstanding qualities was his enthusiasm, which was as keen in his later years as in his earlier. It was a pleasure, an inspiration and incentive to his assistants to see the response which an unusual specimen, or a well stained preparation evoked in him. He maintained his interest in pathology up to the last months of his life. At the time he left the laboratory last February he was actively engaged in experimental work on cirrhosis of the liver.

One of his attributes was his scientific attitude and his objective approach, even if it were only a question of diagnosis. When looking at a section that presented a diagnostic problem, he always preferred to know nothing about the case until he had reached a conclusion. I well remember an incident which occurred many years ago and which well illustrated his objective attitude. He was called to the operating room one day to give an opinion as to the nature of some lesions in the peritoneal cavity of a patient who had had an appendectomy some time before. He returned to the laboratory in high glee and assembled us about him. He showed us the specimen which was a cyst-like structure filled with a gela-

tinous material. He asked us what the content of the cyst was. We replied with some hesitation that it might be some mucinous material such as might be seen in lesions secondary to an ovarian cystoma. "What does it look like?", he demanded. Again, but with more hesitation and doubt, we repeated our suggestion. "What does it look like?", he repeated. "Feel it! Smell it!" Again there was no satisfactory response on our part. Finally, losing patience, he shouted, "Does it look like vaseline?" "Yes," we quavered, "But it couldn't be!" "But it is," he retorted. He then told us how he had immediately recognized the material as vaseline although he had no idea how it could have gotten there. The operating surgeon had thrown up his hands in disgust at Dr. Mallory's reply for he realized the vaseline had been put there during the previous operation to prevent adhesions. I have never forgotten the lesson which this incident taught and I have seen it exemplified many times since during my association with him.

As is well known, Dr. Mallory was greatly interested in technical methods as applied to histopathology. He devised many new staining methods which are in wide use today. He always stressed the importance of the proper fixation of tissue which should be obtained as fresh as possible. Nothing annoyed him more or brought greater censure on the head of the culprit than a specimen cut in thick pieces or fixed in an inadequate amount of fluid. He set and maintained a standard which has exerted a widespread influence everywhere.

Dr. Mallory truly loved his laboratory and his work there. He always arrived on the dot at ten minutes of nine and demanded a similar promptness from the members of his staff. He detested unpunctuality and the way of the transgressor was hard. He came to the laboratory Sunday mornings, even after his retirement, and no day seemed long enough to him. A hard worker himself, he expected his subordinates to be equally industrious. Laziness and sloppy technic were not tolerated by him. In the

old laboratory, the gross specimen room across the hall from his laboratory was the scene of many a lecture delivered in no uncertain terms to various malefactors. Such lectures were always well-deserved and were in most instances highly efficacious.

In addition to his scientific contributions, one of his great contributions was his training of young men. No man was permitted to remain at the laboratory for more than three years. Those who studied under him for three years for the most part were individuals who had chosen pathology for their life work. Many of those who were going into clinical work spent only one year in the laboratory. As a result of this arrangement, there were some 125 graduates of the laboratory between 1895 and 1932. Of these, many are preeminent in the clinical branches of medicine as well as in pathology. Dr. Mallory took a lively and personal interest in the members of his staff. He made every effort to instill in them his own high ideals and to teach them as much as possible during their term of service. Each one went over the microscopic examination of his autopsies with Dr. Mallory personally—a privilege and opportunity which was thoroughly appreciated. He was interested in their general welfare as well as their education and in many an instance, in addition to giving them his wise counsel, he aided those who were financially embarrassed. He looked upon them all, doctors and technicians, as members of a family and was genuinely fond of them. His attitude towards his assistants is probably best set forth in the dedication of his "Principles of Pathologic Histology": "To my assistants, past and present, at the pathological laboratory of the Boston City Hospital, in appreciation of the knowledge, training and stimulation which I have received from intimate association with them."

The death of Dr. Mallory has removed from the field of pathology one of its outstanding figures. To those who had the privilege of knowing him, it has meant the irreparable loss of a great teacher, a wise counsellor and, above all, a true friend.

Medicine Below the Burma Road

RICHARD S. BUKER, '25

Most of us think of Burma as the land of the Burma Road. Some few, with earlier memories, think of Burma and its "road to Mandalay" as awaiting our trip around the world. Burma is both of these. It would be more accurate to think of Burma as one of the greatest rice exporting countries of the world, one of the spots in the East where oil is found in great abundance, a country which England has brought out of a very interesting aboriginal past to a present state of real importance to the world. While England has done much for Burma, she has done it in such a way that Burma still retains much of the charm which prompted Kipling to write, "The Old Moulmein Pagoda," and travelers are abundantly rewarded for time spent exploring her many different tribes and customs.

Burma is slightly smaller than the state of Texas, and has a population of fifteen million people, consisting of over twenty tribes differing in languages, customs and costumes. Since 1937 it has been independent of India although the same general supervision by Britain is retained. The Governor is appointed by the Crown. Associated with the governor are a group of personal advisors or secretaries who assist in conducting the government business.

The country is divided for administration purposes into five large districts, each supervised by a commissioner. One of these districts, the Federated Shan States consisting of twenty-six states, is the largest. These states lie between Burma proper and China, French Indo-China and Thailand.

Kengtung, the largest of the Shan States, has a population of 300,000. Kengtung City with 8,000 inhabitants is the capital of Kengtung State. It is situated about one hundred miles from the three borders of China, French Indo-China and Thailand. In this state of Kengtung the writer's work has been centered during the last fifteen

years and his home has been in Kengtung City.

An important position in the central government of Burma is that of the Inspector General of Hospitals. He has charge of all medical and surgical work carried on by the government. Each city of ten to twenty thousand population and each military post has a hospital which is supervised by a Civil Surgeon or if it is a small hospital an Assistant Surgeon. Working under the Civil Surgeon are men with the rank of sub-assistant surgeons. They have had a full medical course but because of limited pre-medical education they have been granted only certificates and are called "Licensed Medical Practitioners." There may be one to several L. M. P.'s, or sub-assistant surgeons in each hospital, depending on the size of the hospital. The salary of the Civil Surgeon is \$200 to \$600 a month. The sub-assistant surgeon receives \$30 to \$70 a month. In addition to this salary, sub-assistant surgeons receive fees of \$2 and Civil Surgeons \$5 when called to private homes. These fees in a country where the average wage is thirty-five cents a day make it difficult for the masses to enjoy private medical attention.

The department of Public Health is separate from that of hospitals and dispensaries. In the larger cities special appointees carry on the public health work under the Director of Public Health, Burma. The majority of places have no special public health officer, the Civil Surgeon holding the title of Health Officer. Although the medical system as carried on by the government does a great deal of good and provides the government with considerable information as to the amount and nature of sickness, a large proportion of the people are without medical aid. In the areas outside the main traveled routes, of which Kengtung state is one, the medical personnel do not know the languages of the people treated and

therefore have to work through interpreters.

Kengtung City in which the author has lived for over ten years is two hundred and fifty miles from the railroad. The main overland road from Rangoon to Bangkok goes through the city. This is the only road suitable for motor cars in the state of Kengtung. It is about one hundred miles from the city to the border of the state, either going toward Rangoon or toward Thailand. The road to Rangoon is metalled or laid with broken stone and motor cars can travel over it the year round, provided there are no land slides to obliterate it. These slides, however, invariably occur sometime during the rainy season, so the road is usually closed to motor traffic two to four months of the year. From Kengtung to Thailand the road is passable by motor only from December to June. Mail comes to Kengtung by motor transport twice a week. A telegraph line from lower Burma makes rapid communication possible. A letter or a supply of medicine starting from Rangoon takes five to ten days to reach Kengtung City. This is a marked improvement over what the author experienced when he first arrived in that part of the world; at that time four months elapsed between the mailing of an order for medicine and its delivery. Because of these conditions an emergency differed markedly from one in modern America.

In the city of Kengtung there is a bazaar every five days where it is possible to see from ten to fifteen different peoples, all in their own costumes, all speaking different languages. The language of barter and trade is the language of the dominating people of that state, the Shan. People come from localities varying from one to five days distant to buy products or to sell their own wares. This custom of coming to a center to buy and sell has aided in building up a "medical center."

On arriving in this new land, very new in every detail, the missionary had first to learn the languages. It takes a great deal of time to learn an oriental language, and in this particular instance it has been necessary

to use two languages, Lahu and Shan. The Lahu language is spoken by a hill tribe among whom there are some twenty thousand converts. The Shan language is that of the valley people, the people among whom we live. These languages are tonal, that is, are sung to a certain key in order that they may be understood. Each different tone gives a different meaning to the same word. There are four possibilities for each word spoken in Lahu and there may be twelve possibilities for one word spoken in Shan. This often leads to confusion, confusion of the patient and astonishment of the doctor. At one time the author requested a specimen that he might make an examination for worms. The next morning the patient came dutifully and presented the doctor with a frog. It was some time before the doctor realized that the word for frog was much like the word he had thought he used.

Added to the difficulty of learning the language was perhaps the greater difficulty of getting along with nothing, yet maintaining an air of professional ability. For the first eleven months, because of misunderstandings and difficult transportation, no bandages and other sterile goods were obtainable. For the very worst cases, sheets and old clothes were torn up and utilized. In a dispensary treating fifty to two hundred patients a day a new missionary hardly has enough old shirts and sheets to meet the demand. While there seemed to be an abundance of old proprietary medicines, such as worm cures and painkiller which had been provided by lay missionaries, the more important medicines existed only in memory. By rare good fortune a hundred weight of sodium bicarbonate had been brought through and the author surprised himself in finding an unlimited number of uses for this medicine. It has two unexcelled virtues, cheapness and an apparent impossibility of an overdose. Fevers, coughs, diarrheas and occasional wounds were treated by its miraculous power.

The first dispensary and hospital combined was a native building. There were boards on the floor and the sides, but the

roof was thatched. Every time a person walked across the floor, dust and particles from the old thatch trickled down upon him. Imagine doing an operation in this building as the author did, on his knees, for there was no table of any sort to put the patient on. The patient was a Chinaman who could speak no language the doctor could understand. It was later learned through an interpreter that the local anesthesia used was ineffective, but the patient submitted to the torture without a murmur. The operation was successful.

The doctor was not to blame for such conditions, but he would be responsible if these conditions continued indefinitely. Progress was made. The doctor learned to speak some of the language, White Cross material came from America. Good medicine began to pile up on the shelves in sufficient quantities to last until new orders could be received. A vesico-vaginal fistula was performed on a table, a table made from a door, in a room with a ceiling and considerable effort was made to do the operation in a modern way with sterile goods, scrub nurse and all. Finally the extent of the problem was realized and plans laid to solve it.

The medical problem as a whole may be stated as one that involved thousands of villages without any medical aid, but with all the medical needs that any community in New England might have. The economic level was such that ten cents a call for the doctor and medicine was the limit that could be expected in the average case. Calls would come to the doctor one day away in one direction, three days in another direction, a day and a half in a third direction; if he answered one of these calls a sick person might be brought to his hospital from a village six days away. The effect was that most people were discouraged, saying, "What is the use, if we call the doctor he never comes, and if we go to him, he is never there." The greatest need seemed to be some means whereby the doctor might spread himself effectively over this large area. If his knowledge could be imparted to many of the natives, they could answer

these calls and help to meet the needs. A medical class would be the means to this end.

There were three essentials in establishing a class for the study of medicine—boys, buildings and books.

The only available boys with even the simplest educational preparation were boys who had graduated from the Lahu schools of Kengtung State. Their education was equivalent to that of a grammar school. On the other hand, they all spoke two or four languages, and they understood the people and their economic conditions, for they were of the people. Several possible candidates were approached with the plan to study medicine; they were promised expenses and a little spending money besides. They returned to the headmaster of the school from which they had graduated to find out what his wisdom had to offer for this new opportunity in their lives. His answer was, "No." Why? "Because it has never been done before." This in the Orient is sufficient basis for any decision. Unlike the usual Oriental these boys went contrary to what was told them, and took up the study of medicine.

A building satisfactory for teaching was needed. The hospital building was not large enough to care for the needs of the dispensary. If medical teaching was to be carried on a hospital for surgical and medical cases was essential. Besides this there was a dispensary treating seventy to one hundred patients a day, and this needed an additional room for the dispensing of drugs. Funds originally intended for a hospital building in China were released: half to be used for the building of a new dispensary, and half to be invested, the income of which would defray the costs of the medical class.

Before the building could be put up, plans had to be drawn, the number of bricks, the amount of lumber in all its different sizes estimated and ordered, and the many other details usually done by a contractor had to be worked out by the doctor. Bricks were made by Wa men who contracted the work directly with the doctor, bricks were carried from the brickyards to the proposed site of the building by the Shans, and the

bricks were finally laid by Indian masons. Everytime the bricks were handled, they had to be recounted as all this labor was done by piece work, so much for a thousand bricks. The Indian masons, who contracted to do the work, had to be watched constantly to see that they did as agreed. Shan carpenters were bargained with, section by section of the building, so much was offered to make the door and window frames, so much to put up the roof, so much to put in the ceiling, and finally so much for making the doors and windows. All this was the task of the doctor. The only satisfaction of being changed from doctor to builder was to be able to build a dispensary capable of seating fifty patients at one time, providing facilities to sell medicine to groups and still to have a quiet room for teaching purposes, at a total cost of less than \$2500, and with a teacher's residence thrown in for good measure.

With the medical students in residence and a suitable place in which to teach them, the problem of books became acute. In the early years of teaching this group, lectures in the Lahu language were written on the board. Students copied them carefully into their notebooks and were directed to ask for elucidation of any part not understood. After correcting their own notebooks they again copied them into a rather permanent notebook. On examination of these permanent notebooks many unintelligible places were found. If the student was questioned it was discovered that he had no understanding of the real meaning of many portions. Further observation revealed that the student had very little respect for anything that he had written. Printed text books would have averted much difficulty in those early days. As there were none obtainable, it was decided to mimeotype an abbreviated Pharmacopeia. By the second year of teaching, it was in the hands of all the pupils. The results were so satisfactory that a desire for a "System of Medicine" in the Lahu language became acute but could not be fulfilled.

For the first time in the history of the Mission in Burma, the Superintendent of

the American Baptist Press, the first press to be established in Burma, came to Kengtung for a visit. He inquired about the possibilities of printing the medical book. It was understood that the cost would be about \$350; he asked how much could be paid? He was assured that \$30 could now be paid and at least \$3 a year and perhaps \$10 on the balance. Much to the surprise of all concerned the terms were accepted.

The preparation of the manuscript began. Each lecture was written in the simplest of English. A native sat beside the writer to guide each sentence as it was translated into the Lahu language. On completion this lecture was given to a man who had been working in the dispensary for five years. He read the lecture in solitude to be sure it was intelligible and made such corrections as were necessary. The lecture was then given to a third man for reading and finally it was reread by the man who had first assisted in the original translation. To illustrate the old adage, "The proof of the pudding is the eating thereof" the lecture was given to the senior class as a lesson to see if they would understand it. Because considerable translation work had failed to stand the test of time, "The Lahu System of Medicine" was given a still further trial. Over the border of China some six days' journey from Kengtung City was an American who had been born in the country of the Lahu and Shan. He knew English and Lahu and Shan equally well. Actually, he spoke and understood the Lahu language better than the Lahu themselves. This was possible because Lahu land extends from the Burma Road in China down to Thailand. The upper end of Lahu land has a great deal of Chinese influence, while the lower end is influenced by the Shan. As the Lahu rarely travel over twenty miles from their villages, the language differs in different sections. This American, the Reverent Vincent Young, had traveled extensively and understood all forms of Lahu. He kindly consented to read the manuscript. He made "mince-meat" of it, so many were the changes that he advised. By the time the manuscript had passed through all these revisions it was

ready for the printers. The month the book was finished, the superintendent of the Press died; his death made void all the promises of extended time to pay the costs of printing. Simultaneously with this man's death however, the Government became interested in the book, and after the usual governmental correspondence, the balance due on the book was paid from official coffers.

A class of ten men finished the three year course and the six months of required hospital residence. All received appointments among their own people, either as government servants, mission workers or as private practitioners. In the graduating class the following tribes were represented, one Karen, one Hkun or Shan, one half Shan half Lahu, three Wa and four Lahu. Other men are now studying.

It is hard to describe the great variety of work which a doctor in this part of Burma and China is doing constantly. Two typical days may help to clarify the picture. On the first day, a salpingectomy and a cataract operation at the hospital, and removal of infected bone at the Central Leper Colony are scheduled. The night before, the one reliable native nurse prepares everything possible such as sterile goods, the instruments and the medication of the patient. The doctor takes all the large basins to his own home where early in the morning they are boiled in the family washboiler. The washboiler is carried to the hospital; the nurse scrubs up. The doctor supervises every detail of a rectal anesthesia and then, while the nurse is preparing the sterile table, the doctor and one of his medical assistants scrub up. The one relief from responsibility is the supervision of the room and the anesthesia by the American trained nurse, the wife of the doctor, who comes in to the operation just as the doctor scrubs up. After the operation, one of the medical students specials the patient out of ether. The cataract case is brought in and the scrub nurse now becomes the first assistant, and the cataract is removed under local anesthesia. By this time, the responsibility, not the actual

work, has made the doctor ready for a good rest. Instead he arranges for medication of the operative cases, and sees that all sick persons of any diagnosis that come to the hospital receive medication for malaria, as no known case ever comes to the hospital without having had malaria at some time or other, with the exception of certain people from hill tribes. The doctor then goes to the dispensary to see special needy cases and to give the morning lecture to the students. One last look at the operative cases usually finds the cataract case sitting up in bed rubbing his eye to relieve the irritation caused by the lessening of the effect of anesthesia. The salpingitis case is probably insisting on water and her relatives are standing about the bed with a bowl of rice hoping that she will eat some of it to show that she isn't going to die. It is lunch time. After lunch the medical students receive a second lecture and then the nurse, a medical assistant who now acts as chauffeur, and the doctor start for the Central Leper Colony. The nurse has prepared for bone operations by boiling instruments and packing sterile gowns and sponges into large basins. At the leper colony the nurse and the doctor scrub up. The particular part of anatomy to be operated on, usually the foot, is cleaned and the infected bone removed without anesthesia. Minor troubles at the leper colony are settled and we return home a bit tired but none the worse for the active day's work.

The second day begins with an hour or two of letter writing. At nine-thirty a committee meeting is attended which deals with the government relations to the leper work. At eleven o'clock the lecture to the medical students is given, and the patients in the dispensary and hospital needing special attention are cared for. After lunch more clerical work is attended to until the time for the afternoon medical class lecture. Again patients are given such attention as may be necessary. If too much routine doesn't interfere, at five o'clock the doctor will be able to have a game of tennis or volley ball and possibly golf.

Base Hospital No. 5

ELLIOTT C. CUTLER, '13

A further contribution of the University to our national defense plan is the re-commissioning of the Harvard University Unit which had its inception during the last World War as U. S. Army Base Hospital No. 5. The historical background for this unit and the many other similar units from other universities and hospitals is briefly as follows:

Early in the last war the Lycée Pasteur, a new school building in Paris, was turned into a "Section for the Wounded," in part through the efforts of the American Ambassador to France, Mr. Herrick. The stimulus to this undertaking, entirely financed by American subscription, was the record of the American Ambulance of 1870, and this effort was finally incorporated and organized as the American Ambulance Hospital. At the time of the Battle of the Marne, Mr. Robert Bacon, Mr. Herman Harjes, and other Americans in Paris brought in their private automobiles wounded soldiers from the battlefield to the hospital at the Lycée Pasteur. This was the beginning of a splendid volunteer corps of ambulance drivers, later organized under A. Piatt Andrew, A.M. '95, Ph.D. '00, as the Ambulance Américaine. In November, 1914, Dr. J. A. Blake of New York City, who had charge of one of the surgical services in the Lycée Pasteur Hospital, proposed to certain American medical schools that they get together groups of doctors and nurses to take charge of a service in the American Ambulance Hospital in rotation. A group from the School of Medicine of Western Reserve University, Cleveland, under Dr. George W. Crile arrived as the first of these units on January 1, 1915. On April 1, 1915, a Harvard

group¹ under Dr. Harvey Cushing took over, and was in turn succeeded at the end of three months by a group from the Pennsylvania Hospital, Philadelphia.

The success of these units led Sir William Osler, LL.D. '04, and Mr. Robert Bacon, '80, a former American Ambassador to France, to propose to a number of American universities that they provide medical staffs for the British war hospitals, then being constructed in France. Harvard University acted formally on the proposal, and promptly organized a second unit to send overseas, and under the successive leadership of Drs. Nichols, Faulkner, Cheever, Jones, and Hugh Cabot, all members of the medical faculty of the University, this unit, known as "22 General," continued throughout the war to render valuable service.

The continued effectiveness of the university units prompted Dr. George W. Crile to present to Surgeon General Gorgas the proposition that a single institution, either medical school or hospital, furnish the complement for a United States army hospital. Such a unit, comprised of individuals with similar education and experienced in working together might be more effective than one composed of those working together for the first time. In the fall of 1915 the Surgeon General proposed to Dr. Crile and Dr. Cushing, both medical corps reserve officers, that they organize units

¹Members of this first Harvard unit: Harvey Cushing, M.D. '95, Moseley Professor of Surgery; Robert B. Greenough, '92, M.D. '96, Assistant Professor of Surgery; Dr. Richard P. Strong, S.D. (Hon.) '16, Professor of Tropical Medicine; Robert B. Osgood, M.D. '99, Instructor in Surgery; Beth Vincent, '98, M.D. '02; Walter M. Boothby, '02, M.D. '06, Instructor in Anatomy; Frederick A. Collier, M.D. '13; Elliott C. Cutler, '09, M.D. '13; Philip D. Wilson, '09, M.D. '12; M. N. Smith-Petersen, M.D. '14; Lyman G. Barton, Jr., M.D. '12; Orville F. Rogers, '08, M.D. '12; George Benet, M.D. '13.

*Editor's Note: This article appeared in the July 5th issue of the *Harvard Alumni Bulletin*. It is so full of current interest for medical alumni that permission was obtained to reprint it here.

similar to the American units which had served the British. Under the then existing regulations the American Red Cross was the sole authority for the formation of such units. With the appointment of an army officer, Colonel J. R. Kean, as Director General of Military Relief, orders were issued for the establishment of such base hospital units. This proposal was brought to the attention of the University, and President Lowell immediately accepted.

Little was accomplished at Harvard until Colonel Kean visited Boston in February of 1916. Then Harvard University appointed a Committee on Military Affairs with Dr. John Warren, '96, M.D. '00, as executive secretary. Shortly thereafter Dr. Harvey Cushing was appointed executive director. Through the Red Cross in Boston funds were immediately collected, and equipment for the unit was bought and stored. The New England Surgical Dressings Committee² also began its valuable work of assembling supplies.

After an immense amount of correspondence, and effort on the part of the directors, the officer personnel was organized. But before a trial mobilization was possible, war was declared. Base Hospital No. 5 (Harvard University Unit) was ordered suddenly to Europe and sailed from New York on the S. S. *Saxonia*, May 16, 1917, minus its supplies, but officered by members of the Harvard Medical School, except for a few administrative personnel. The first battle casualties in the U. S. Expeditionary Force occurred in this unit, September 4, 1917, when some of its officers and enlisted men were killed during a bombing raid. The record of this unit is available in book form.³

Now after a twenty-year interval, a sim-

ilar effort may be necessary. This time the Government is being a little more forehanded in its preparation. In May, 1917, when the previous unit reached London, officers were required to get passports with photographs at the American Embassy in London, though war had been declared and members of the unit were in uniform! Visualizing this as a small example of the lack of preparation in 1917, we can feel cheered by the preparations now going forward.

On November 16, 1939, the Surgeon General of the United States Army wrote Dean Burwell of the Medical School that shortly he would approach the Medical School with an official request that it assume the responsibility of organizing the regular army inactive unit, General Hospital No. 5, "thus perpetuating the fine traditions of United States Base Hospital No. 5." Similar units were proposed for all the Medical schools and hospitals which had served in a like capacity in the War of 1914-1918. These units were to have a normal bed capacity of 1,000, and a personnel which would include 42 officers, 120 nurses, and 400 enlisted men. Subsequently the number of officers was raised to 73, including the administrative service.

The office of the Unit Director was assigned to the author, and immediately steps were taken to secure the officer personnel, which, according to instructions, should be limited to members of the parent institution. Members of the teaching force of the Medical School, whether working in the laboratories of the School or attached to one of the affiliated hospitals, were eligible. The heads of all departments in the School were consulted as to what men in their department either cared to join or (in the opinion of the head of the department) should not join because of essential duties here. A definite attempt was made to spread the choice of personnel as widely as possible. Because of the ramifications of the University, we were able to call upon individuals from all the major Boston hospitals as well as from the Hygiene Department in Cambridge.

²The "Boston Tins." (Address in connection with the unveiling of a tablet at the Peter Bent Brigham Hospital, May 25, 1923, to commemorate the work of the New England Surgical Dressings Committee.) *Boston Medical & Surgical Journal* (189:8-12) 1923.

³*The Story of U. S. Army Base Hospital No. 5*, Cambridge, 1919, the University Press; *Concerning Base Hospital No. 5*, Boston, 1920, Barta Press.

Thomas H. Lanman, '12, M.D. '16, Assistant Professor of Surgery, and Theodore L. Badger, M.D. '26, Instructor in Medicine, were early selected as the respective Chiefs of the Surgical and Medical Divisions. Their continued labors and unflagging interest have greatly facilitated the formation of the present unit. The elaborate matter of examining all the candidates has been undertaken at the Peter Bent Brigham Hospital, chiefly through the efforts of Dr. Badger, Dr. Eugene C. Eppinger, and those members of the medical service who have been members of the unit from its incipency. A small sum of money was donated by Richard C. Curtis, '16, to assist in the necessary expense, and for this the unit is most grateful. Under instructions from Washington the commissions of officers of the unit who sever their association with Harvard University will be vacated. Already three members of the unit, who since enrollment have moved to other posts, have thus lost their commissions.

On February 20, 1941, the unit met at dinner at the Harvard Club with 53 members present and was greatly honored by the presence of Major-General Woodruff, the Corps Area Commander; Colonel Reddy, the Corps Area Surgeon; Colonel Stanley, Assistant to the Corps Area Surgeon; and Major Hubbell, the General's Aide.

The roster of officer personnel is almost completed and is here appended. The initials which follow each name designate the University or hospital affiliation of the individual. Key: BCH—Boston City Hospital; BI—Beth Israel Hospital; BLI—Boston Lying-In Hospital; CH—Children's Hospital; DH—Deaconess Hospital; E&EI—Eye and Ear Infirmary; FH—Faulkner Hospital; HD—Hygiene Department; HDS—Harvard Dental School; HMS—Harvard Medical School; MGH—Massachusetts General Hospital; PBBH—Peter Bent Brigham Hospital; SPH—School of Public Health.

ACTING DIRECTOR

Elliott C. Cutler, '09, M.D. '13, Lieutenant-Colonel (PBBH).

SURGICAL SERVICE

Chief—Thomas H. Lanman, '12, M.D. '16, Lieutenant-Colonel (CH); *Assistant Chief*—Augustus Thorndike, Jr., '17, M.D. '21, Major (CH) (HD); Edwin F. Cave, M.D. '24, Major (MGH); John E. Dunphy, M.D. '33, Major (PBBH); Carlyle G. Flake, Major (CH) (PBBH); John H. Harrison, Major (PBBH); Robert Zollinger, Major (PBBH); Thomas W. Botsford, M.D. '35, Captain (PBBH); Thomas Cavanaugh, Captain (E&EI); Stanley O. Hoerr, M.D. '36, Captain (PBBH); Lee G. Kendall, '25, M.D. '30, Captain (PBBH); John L. Newell, '26, M.D. '30, Captain (BLI); Thomas B. Quigley, '29, M.D. '33, Captain (PBBH); Charles P. Sheldon, M.D. '29, Captain (BLI); Fiorindo A. Simeone, M.D. '34, Captain (PBBH); Dean W. Tanner, M.D. '35, Captain (PBBH); Richard Warren, '29, M.D. '34, Captain (MGH); Charles L. Dimmler, M.D. '38, Lieutenant (CH); Robert G. Snow, M.D. '35, Lieutenant (E&EI); Robert R. White, '32, Lieutenant (CH) (BCH).

MEDICAL SERVICE

Chief—Theodore L. Badger, M.D. '26, Lieutenant-Colonel (BCH); *Assistant Chief*—Eugene C. Eppinger, M.D. '30, Major (PBBH); Andrew W. Contratto, Major (PBBH); Stanley Kimball, M.D. '35, Major (HD); Henry N. Pratt, '24, M.D. '30, Major (CH); Eugene A. Stead, Jr., Major (PBBH); Charles F. Walcott, '26, M.D. '31, Major (SPH); Arthur Baldwin, M.D. '36, Captain (BCH); Richard V. Ebert, Captain (PBBH); Charles P. Emerson, M.D. '37, Captain (BCH); Jeremiah E. Greene, '30, M.D. '33, Captain (MGH); Paul Kunkel, Captain (BLI); Jack D. Myers, Captain (PBBH); Carey M. Peters, M.D. '36, Captain (BCH); John Romano, Captain (PBBH); Gordon A. Saunders, '31, M.D. '35, Captain (BCH); Joseph H. Burchenal, Lieutenant (BCH); Henry H. Brewster, '34, M.D. '38, Lieutenant (BCH); Sibley W. Hoobler, Lieutenant (PBBH); John T. Quinby, '34, M.D. '39, Lieutenant (MGH).

LABORATORY

Charles A. Janeway, Major (PBBH); Emanuel B. Schoenbach, '33, M.D. '37, Captain (HMS); Richard Ford, '36, M.D. '40, Lieutenant (PBBH) (BCH).

X-RAY

Harvey R. Morrison, M.D. '34, Major (FH); Donald Ham, Captain (DH) (MGH); Ralph C. Moore, Lieutenant (PBBH).

DENTAL

Moses S. Strock, D.M.D. '23, Major (PBBH); Henry J. Carney, D.M.D. '22, Captain (HDS);

Harry Stone, Captain (BI) (PBBH); George Sullivan, D.M.D. '37, Captain (PBBH); Gerald L. O'Neill, D.M.D. '38, Lieutenant (HDS).

ADMINISTRATIVE

Chilton Crane, M.D. '38, Lieutenant (PBBH); Robert P. Simmons, 2nd Lieutenant (PBBH).

A few positions still remain vacant in the administrative service, and in certain of these posts we may enroll non-medical people. Several instructors in the College and certain members of the office staff who have applied will now be enrolled in these positions. With this accomplished, the unit will be complete as regards its officer personnel.

We also have received word that the names of nurses who wish to be attached to this unit may now be recorded with the Red Cross and by proper action of the Corps Area Commander may be held for assignment to this unit. Also technical non-commissioned officers, such as laboratory, dental, x-ray technicians, etc., may now be enrolled for assignment to the unit. Should such men be called for duty by the Selective Service Board they would not be exempt from service, though in the event of war they may be transferred back to the Harvard University unit.

This brief report attempts to depict another small effort of the University to be of service to the Government. The history and usefulness of the previous Harvard Medical School unit and the present undertaking of an American Red Cross-Harvard University Hospital to serve in England under Professor John E. Gordon act as a stimulus to these officers in this unit now standing ready to serve our country.

TWENTY-FIFTH REUNION

The Class of 1916 of the Harvard Medical School met for their twenty-fifth reunion on June 13 and 14, 1941. About thirty men gathered in the Faculty Room of the Harvard Medical School on the morning of June 13 where they listened to interesting talks by Professor Lewis, Dr. Cheever, Dr. Homans, Dr. Christian, Dr.

Bremer and Dr. Fitz, representing the Dean. The Class presented the Harvard Medical School with a small gift for unrestricted use, as a token of what the School means to them.

Luncheon for the Class was served at the Harvard Club at noon. At the same time the wives and children of classmates were entertained at The Country Club, Brookline. In the afternoon the Class assembled at the Hoosic-Whisick Club in Canton for sports followed by a dinner. The Class listened to Dr. Alan Gregg who told of his experiences as representative of the Rockefeller Foundation in various parts of the world.

On June 14 many members of the class visited hospitals and clinics in and about Boston. Luncheon was served at the Harvard Club for the members and their families. Later in the afternoon the entire group went to Topsfield where they were entertained for supper by Dr. and Mrs. Benjamin Ragle.

Among those present for all or part of the reunion were: Aschman, Briggs, Butler, Calvin, Fogg, Gilbert, Goethals, Golden, Gregg, Gustafson, Harding, Hodgdon, Houston, Lacey, Langmann, Lanman, Lowry, Lyon, Morris, Nichols, Nissen, Parker, Putnam, Ragle, Redway, Taylor (A. S.), Taylor (J. H.), Viets, Waite, Weld, Wilber and Withington.

GREETINGS TO THE CLASS OF 1916

HENRY A. CHRISTIAN

It is pleasant to welcome the Class of 1916 to the Harvard Medical School. When I am asked to speak to a reunioneering class, it is the reason for my looking back to see what I was teaching the students when they were in the School and to review that instruction in the light of present knowledge. Twenty-six years ago I was conducting a weekly amphitheatre clinic for the class of 1916; I have stenographic notes on these clinics, and they cover a wide range of diseases. For all but three the instruction of 26 years ago was not very different from what would be given to-



Taylor (A. S.), Houston, Lacey, Gregg, Harding, Hodgdon, Lanman
Gustafson, Viets, Goethals, Fogg, Langmann, Nichols,
Lowry, Golden, Waite, Redway

day. For diabetes mellitus and pernicious anemia the situation is very different; then we knew not of insulin and liver extract. The clinic on bronchiectasis now would be different, for we could speak of safe excision of the involved lobe of the lung.

I have notes on two lectures of the same year, digitalis and its use and diuretic drugs. In the former little need be changed. Of digitalis in patients with regular pulses there was uncertainty; not until later had we satisfactory proof of its value in such patients; now we have more experimental proof of the ways of action of this drug. To diuretic drugs, we would need to add now instruction about the mercurial diuretic, then not available.

Teaching in the department of medicine has changed markedly in one respect since your days in the Medical School. Now lectures and clinics are given by many specialists, each presenting a few exercises; continuity of view is not provided by anyone.

In contrast, the Class of 1916 had a few men, seniors in the department, conduct the class exercises. Cabot gave 32 class exercises using the case teaching method. Edsall gave 32 class exercises using the method of clinical lecture (i.e. discussing specific patients) and Sears devoted 48 class exercises to practical therapeutics. I gave 64 didactic lectures and 32 amphi-theater clinics. All in addition shared in the instruction of the clinical clerks. Besides the preceding there were class exercises and section teaching in history taking and physical examination and a systematic laboratory course in clinical pathology.

Having participated in each of these ways of teaching the class, I am confident that the present method lacks the effectiveness of the former plan; the students, although knowing many things, definitely now lack a balance in their knowledge and have missed hearing, or reading about, numerous very fundamental facts. The present meth-

od, however, is, by far, less burdensome on those of professorial rank in the Department of Medicine.

In your student days I gave you advice. May I now again advise? Plan now occupation and recreation for the day of your retirement from activity, selecting things which increasingly will need less physical exertion for their enjoyment. Remember that in about ten years, if you are honest with yourselves, you will be conscious of a steadily increasing fatigue from your wonted activities; and you should be relieved of this. Retirement is the reward that comes to those who are growing old. I, honestly, can say that it is a happy period of life, filled with many enjoyments, particularly the opportunity to do things for which previously there was no time. Retirement is a change in the ways of life, not a cessation of useful, even valuable, activities. My days since official retirement have been the happiest of my life.

FIFTY-EIGHTH REUNION

The class of 1883 held a reunion dinner during the Annual Meeting of the Massachusetts Medical Society in Boston last May. Those present were: Ayer, Atwood, Brackett, Jack and Worcester.

FORTIETH REUNION

The Fortieth Anniversary of the Class of 1901, was held at the Brookline Country Club, June 13, 1941. The reunion consisted of a luncheon at noon, with golf in the afternoon, in which a few members took part, and a dinner in the evening; forty-one members, and one guest were present. The president of the class, Dr. David Cheever, presided. In the absence of Dean Burwell, who was prevented by illness from being our guest speaker at the luncheon, Dr. Cheever gave an interesting report on affairs of the School. The class enjoyed talks by Eliot Alden who came from Hollywood, California, to attend the meeting, Col. Harold W. Jones, librarian of the Surgeon General's Library in Washington,

Fred T. Murphy of Detroit and Kendall Emerson of New York City. The meeting was one of the most successful ones that the Class has held.

THIRTIETH REUNION

The Class of 1911 held its 30th Reunion on June 19, 1941. Thirty-six of seventy-seven living members of the Class dined together in Cambridge. It was an almost perfect type of reunion, not too short, but not too long. A very high plane of oratory was reached in the post prandial exercises, and an equally exalted state of comradeship was attained in the a. c. libations. So successful was the meeting that one classmate awoke next morning in New York City instead of in his home town of Po-dunk, Vermont.

FIFTEENTH REUNION

The Class of 1926 will hold a reunion dinner on Thursday, November 6 at 7 P. M., at the Harvard Club of Boston.

FIFTH REUNION

Thirty-seven men from the Class of 1936 celebrated a spirited five-year reunion with food, drink and fellowship at the Hotel Continental, Cambridge, June 7. Prexy Marsh Ruffin came from Philadelphia to preside over us. Jerry Carlin held the long distance record, trekking all the way from Pittsburgh. Ran Shields and Vin Whelan represented New York City. Most of those present hailed from the Boston group, which in still the largest in our class.

We heard after dinner from Drs. Cheever, Wislocke and Castle, each of whom gave short talks about the Medical School. Professor T. Caulfield repeated his priceless Dr. Christian and Dr. Mallory monologues, then lapsed into his native brogue to tell a story about two Irishmen which we'd never heard before.

The evening ran on to an indefinite hour. Spike Sarris, still a ball of fire at midnight, was seen working from table to table urging all the raconteurs to meet him at a pri-

vate room which he had arranged at the Statler, where talk and story could continue uninterrupted for two or three more hours. What happened at this inner sanctum must remain unknown until our next reunion because the secretary did not get there.

SECOND REUNION

The Class of 1939 held a reunion luncheon at Vanderbilt Hall on May 25. Twenty-two members of the class were present.

DEREK E. DENNY-BROWN

Dean C. Sidney Burwell, of the Harvard Medical School, announced recently that Dr. Derek E. Denny-Brown, of London, had arrived in Boston from England to take up his duties as Professor of Neurology in the University and Director of the Neurological Unit at the Boston City Hospital.

Dr. Denny-Brown's appointment dates from September, 1939, but during the interval he has been on leave of absence serving as a Major in the British Royal Army Medical Corps. Since January, 1940, he has been the officer in charge of the Medical Division of the Military Hospital for Head Injuries in England. In his combined duties here he will take active part both in the teaching of medical students and in the care of the sick in the City of Boston.

The Scientific Advisory Committee of the British Cabinet, as part of its policy of pooling scientific resources in the common interest, has directed Dr. Denny-Brown to proceed to Harvard. The British War Office has released him from military obligations for an indefinite period during which he retains his commission in the Reserve. Dr. Denny-Brown has had wide experience with brain and nerve injuries and methods of investigation in the problems connected with them.

Dr. Denny-Brown, who attended Oxford University, has served as Neurologist to St. Bartholomew's Hospital, London, Assistant Physician to the National Hospital for Nervous Diseases, and Registrar to the Department for Nervous Diseases in

Guy's Hospital. He has written extensively on subjects in the field of neurology.

GEORGE W. HOLMES RETIRES

George W. Holmes, clinical professor of roentgenology at the Medical School and chief roentgenologist at the Massachusetts General Hospital, retired from active teaching September 1.

Dr. Holmes has been a member of the staff of the Medical School since 1916, and has held his present position since 1931.

THE EDWARD K. DUNHAM LECTURES FOR THE PROMOTION OF MEDICAL SCIENCE

The Edward K. Dunham Lectures for the Promotion of the Medical Sciences for 1941 on "Problems in Intermediary Metabolism" are as follows:

Tuesday, October 28, "The chemical reactions of the body fats."

Wednesday, October 29, "The chemical reactions of the body proteins."

Thursday, October 30, "The dynamic state of the body constituents."

These lectures will be given at five o'clock at the Harvard Medical School, Building C Amphitheater, by Professor Hans T. Clarke. They are prepared by Rudolf Schoenheimer, M.D., former Associate Professor of Biological Chemistry at Columbia University.

HARVEY CUSHING LIBRARY

The late Harvey Cushing, '95, for many years Moseley Professor of Surgery at the Harvard Medical School and afterwards Sterling Professor of Neurosurgery at Yale, left to Yale his medical library of 15,000 volumes. Described as "one of the greatest collections of the classics in the fields of surgery and anatomy ever brought together by a private person," the books are now housed in a special room of the new Yale Medical Library (dedicated in June). On the rotunda of the new building is inscribed: "Harvey Cushing, inspiring teacher, pathfinder in neuro-surgery, master of the science of art and healing."

ASSOCIATION OFFICERS

Warren F. Draper, *President*
 Reginald Fitz, *Vice-president*
 Clark W. Heath, *Secretary*
 Marshall K. Bartlett, *Treasurer*

COUNCILLORS

R. E. Alt	T. H. Lanman
T. L. Badger	D. Merrill
R. S. Hurlbut	R. Nye
L. G. Kendall	M. C. Smith-Petersen
G. W. Taylor	

EDITOR

Clark W. Heath

BUSINESS MANAGER

Marshall K. Bartlett

Mrs. K. B. Wilson, *Executive Secretary*
 Room 108, Harvard Medical School
 Boston, Mass.

EDITORIAL

The Annual Meeting and Dinner of the Association was held on June 4, 1941 at the Hermit Club in Cleveland, during the Annual Session of the American Medical Association. About 125 alumni and guests were present. President Leslie J. Bigelow presided.

The following officers of the Association were elected:

For President for one year: Warren Fales Draper, '10, Washington, D. C.

For Councillors for three years: Theodore L. Badger, '26, Boston, Mass.; Lee G. Kendall, '30, Framingham, Mass.; Robert S. Hurlbut, '38, Boston, Mass.

The retiring councillors are: W. R. Ohler, F. C. Newton and F. S. Hopkins.

Announcement was made at the meeting of the award of two scholarships to be known as the "Harvard Medical Alumni Scholarships" and one graduate fellowship. The scholarships of \$500 each were awarded to two first-year students chosen by a local committee in Ohio and approved by the council: Paul Arthur Riemenschneider and Alvin Theodore Held. The graduate fellowship of \$1,000 was awarded to Dr. John Thayer Quinby, whose name was chosen by joint action of the Association's Committee on Scholarships and Fellowships

and the medical school authorities. The money for the scholarships was appropriated from current funds; that for the fellowship was obtained from the current annual income of the Harvard Medical Alumni Fund of which the Association is Trustee. The Council this past year considered the most useful ways in which the Association can be of assistance to the Medical School, and concluded that at present scholarships and fellowships are particularly needed by the School.

The business meeting in Cleveland was followed by a number of informal addresses. Dr. C. Sidney Burwell described the recent changes and advances in the Medical School stressing particularly the new School of Dental Medicine and the efforts of the School on the part of defense. Dr. Philip D. Wilson told some of his experiences in England as Chief of the American Hospital in Britain. Dr. Roger I. Lee told a story of a colored cook in the South who ascribed the success of her culinary art to Fanny Farmer's Boston Cook Book. Dr. Frank H. Lahey spoke vigorously and interestingly of his hopes for better leadership of the medical profession in its mobilization for defense work.

MEDICAL SCHOOL NOTES

The first-year students had an unusual introduction to medicine this autumn. At one of their initial lectures Dr. Burwell presented to them a case of mitral stenosis with thyrotoxicosis and failure. The case was even more complex than this. Social and personal problems, anemia and a number of other things were complicating factors. The lesson driven home was, of course, that doctors have to have something more than factual knowledge. The Medical School is meeting the need which was recognized by Peabody in 1927 when he stated that many physicians agreed that approximately half of their patients complained of symptoms for which an adequate organic cause could not be discovered. The clinics for first-year men will be continued by Dr. L. J. Henderson and others as a voluntary course entitled: "The Study and

Treatment of Patients as Persons." The difficulties of training a man in the art of medicine remind us of Mark Twain's description of how he became a Mississippi pilot. Successful piloting was not merely a matter of twirling the wheel, ringing bells and looking important; one had to know the river, and not only by day but also by night and in the fog, and since the river changed continuously one had to have foreknowledge of every change. Finally by some sort of growth of his intuitions he became a first-class pilot.

* * *

Dr. Gerald F. Houser, Assistant Superintendent of the M. G. H., and Instructor in Preventive Medicine has returned from a six months' stay in England where he supervised the organization of the American Red Cross-Harvard Hospital. He has stated that the pre-fabricated buildings of the hospital, which were sent across the Atlantic in thirty ship-loads, are set up and are performing their service. Several nurses were lost in sinkings on the way over. At least two others survived nineteen days in an open boat. But Dr. Houser speaks highly of the morale of the unit, and emphasizes especially the hospitality which the English people have extended to the personnel. Members of the staff have already been active developing a service in aid of the civilian population of England. More of the staff are to sail soon. Dr. Lawrence Kilham, '40, has just left to become a physician in the unit. His wife, Dr. Jane Kilham, is completing his internship for him at the Lakeside Hospital in Cleveland.

* * *

The administrators of Selective Service have shown wisdom in the deferrment of medical students. Up to the present no undergraduate of the Medical School has been inducted into the armed force. These men, by their training, will be better able to serve their country at some future time than if they had been drafted into the regular army and had their course of studies interrupted.

* * *

Nine students, out of over 40 applicants, have matriculated in the new Harvard

School of Dental Medicine. Their course during the first four years will be nearly identical with that of the medical students. They will replace medical students now taken into first-year classes, so that the classes will be no larger than heretofore.

* * *

Dr. Cecil Drinker and Mrs. Drinker left on September 29 for California where Dr. Drinker will give the Lane Medical Lectures at the Stanford University School of Medicine. His subject for the five lectures will be: "The Lymphatic System: Physiologic and Clinical Considerations."

TREASURER'S REPORT

Receipts

Appeals	\$3,654.67
Advertising	1,350.38
Annual meeting	663.00
Bulletin	149.65
Reunions	21.15

 \$5,838.85

Expenditures

Bulletin	\$1,676.66
Annual meeting	865.85
Stationery and Printing	39.77
Office Supplies	28.34
Bulletin Supplement	247.00
Advertising Commission	147.00
Council Meetings	12.18
Commencement Fee	50.00
Office Equipment	24.90
Reunions	70.55
Salary and Wages	1,396.00
Appeals	240.93
Miscellaneous	69.69

 \$4,868.87

Bank Balance June 1, 1941 \$1,991.48

We wish to thank the members of the Association who are regular contributors and the members who contributed for the first time this year. The 1941 appeals for support brought in nearly a thousand dollars more than we have ever received in any one year. This added income has enabled us to widen the scope of the office, sponsor and give secretarial help to more reunions and give two scholarships to first year medical students.

MARSHALL K. BARTLETT, M.D.,
Treasurer.

